

# HAZARDOUS WASTE MANAGEMENT BRANCH

144 P Street  
 Menlo, CA 95814

August 23, 1983  
 UNIFORM HAZARDOUS WASTE MANIFEST

Print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83212303

## GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

PATTON CORP.  
 601 Sonora  
 Glendale, Ca. 91201  
 AREA CODE/PHONE NUMBER

CA DO 00043331

## TRANSPORTER NO. 1

VEH/CONTAINER NO

EPA ID NUMBER

OMEGA CHEMICAL CORP.  
 12504 E. Whittier Blvd.  
 Whittier, Ca. 90602

425071

CA DO 42245001

## TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

## TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

OMEGA CHEMICAL CORP.

AREA CODE/PHONE NUMBER 698-0991

CA DO 42245001

## PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA  
 NUMBER

TOTAL  
 QUANTITY

UNIT  
 WT/VOL

CONTAINER  
 NO TYPE

WASTE  
 CAT NO METH

Hazardous Substance, Liquid N.O.S.  
 (FLEXOSOLVENT) ORM-E

NA 1918B

240

G

08 DM

211 01

## COMPONENTS

CONC RANGE  
 UPPER LOWER

UNITS  
 % PPV

Perchloroethylene

70

60

N-Butyl Alcohol

20

12

Photo Polymer Resin

40

30

## SPECIAL HANDLING INSTRUCTIONS

Gloves, Goggles used 154.5 gals waste 9.4 gals

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

LARRY D. DRANE

Printed or typed full name and signature

MO DAY YR  
 8 30 83

☐ Check if continuation sheet is used. Number of continuation sheets

## TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED  
 MO DAY YR  
 8 30 83

## TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED  
 MO DAY YR

## DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDs must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO DAY YR  
 8 31 83

CA DO 42245001

Printed or typed full name and signature